

State Form: Revisit Report

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| (Y1) Provider / Supplier / CLIA / Identification Number N089030 | (Y2) Multiple Construction A. Building B. Wing | (Y3) Date of Revisit 7/24/2015 |
| Name of Facility ATRIA HEARTHSTONE WEST | Street Address, City, State, Zip Code 3515 SW 6TH AVE TOPEKA, KS 66606 | |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date |
|--|------------------------------------|--|----------------------|--|----------------------|
| ID Prefix S3280 Reg. # 26-41-104 (d) LSC _____ | Correction Completed 07/24/2015 | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed | ID Prefix _____ Reg. # _____ LSC _____ | Correction Completed |
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| Reviewed By _____ State Agency | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____ | Date: _____ |
| Reviewed By _____ CMS RO | Reviewed By _____ | Date: _____ | Signature of Surveyor: _____ | Date: _____ |
| Followup to Survey Completed on: 6/23/2015 | | Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO | | |